

REVISED 8/6/08

APPLICATION FOR DOWN PAYMENT ASSISTANCE/PRIVATE REHABILITATION

Do not write in this space.

Application Number:

Date received by CHIP Office:

Case Processor Initials:

I UNDERSTAND THAT:

THIS IS AN APPLICATION FOR DEFERRED LOAN ASSISTANCE THROUGH THE CLERMONT COUNTY CHIP: (85% of owner private rehabilitation is deferred for 10 years with the remaining amount 15% recaptured at the time of sale, death or property changes hands.)

Owner Private Rehabilitation is available to Low-and Moderate-Income households to assist with the rehabilitation of a housing unit that will serve as a primary residence. In no case will the amount of the assistance exceed the maximum amount of assistance stated in the Terms and Conditions Statement.

ALL APPLICATIONS WILL BE REVIEWED IN ACCORDANCE WITH THE COUNTY'S PROGRAM POLICIES AND GUIDELINES. APPLICANTS WILL BE NOTIFIED OF THEIR ELIGIBILITY FOR ASSISTANCE IN WRITING AFTER SUBMISSION OF ALL REQUIRED INFORMATION.

The program is offered based on household income, as well as other guidelines. The table below presents the maximum household income for the owner private rehabilitation program and a series of initial qualifications.

								<u>Check One</u>
1. Does your, the applicant's total household income fall below the applicable Maximum Low-Income limit listed below?								_____ Yes _____ No
<u>Maximum Low-Income Limit:</u>								
<i>Size of Household:</i>	<i>1 Person</i>	<i>2 Person</i>	<i>3 Person</i>	<i>4 Person</i>	<i>5 Person</i>	<i>6 Person</i>	<i>7 Person</i>	<i>8 Person</i>
<i>Maximum Income:</i>	<i>\$37,050</i>	<i>\$42,350</i>	<i>\$47,650</i>	<i>\$52,950</i>	<i>\$57,200</i>	<i>\$61,400</i>	<i>\$65,650</i>	<i>\$69,900</i>
2. Do you understand the following:								_____ Yes _____ No
* The home must be located within Clermont County.								
* The home must be owner-occupied and must serve as the applicant's primary residence.								
* Taxes must be current								
* The purchase price cannot exceed \$132,000								
* The home to be purchased must be inspected by the CHIP housing inspector prior to expiration of the inspection clause in your purchase contract								

NOTE: If the application is denied, the applicant shall be notified in writing as to the reason and provided with a signed copy of this form.

Applicant Information

Name: _____

Address: _____

Phone(s): Home: _____ Work: _____ SS #: _____ Date of Birth: _____

Co-applicant/Spouse Information (if applicable)

Name: _____

Address: _____

Phone(s): Home: _____ Work: _____ SS#: _____ Date of Birth: _____

1. Total Number of members in household: _____

2. List each person who would live with you in your household, starting with yourself:

Last Name	First Name	Age	Sex	Social Security Number

3. Year house was built? _____ Number of Rooms in home: _____

Address of Property you wish to purchase _____

4. Are you a U.S. Citizen? Yes _____ No _____

Is your Co-Applicant/Spouse a U.S. Citizen? Yes _____ No _____

5. Are you pre-approved for a loan? If so, by whom? _____

6. Applicant's Martial Status (circle one): Single Married Separated Unmarried Divorced

7. Do you or your Co-Applicant/Spouse presently own other land? Yes _____ No _____

8. Do you have other assets? i.e. cash in bank, a revocable trust, equity in rental property or other capital assets, stocks, bonds, treasury bills, certificates, retirement, pension or Keogh accounts, etc.
_____9. Race (head of household): circle one: White Black Hispanic American Indian
Asian/Pacific Islander Other: _____

10. Have you or the co-applicant/spouse owned a home in the last three years? _____

11. Are you single or a displaced homemaker? Yes _____ No _____

This question is asked to comply with equal opportunity requirements and to ensure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.

12. List All Household Members over the age of 18 and their approximate annual gross income:

1. Household Member's Name: _____ Employer: Employer's Name & Address: _____ Telephone #: __________
Date Started: _____ Annual Gross Income: _____2. Household Member's Name: _____ Employer: Employer's Name & Address: _____ Telephone #: __________
Date Started: _____ Annual Gross Income: _____3. Household Member's Name: _____ Employer: Employer's Name & Address: _____ Telephone #: _____

Date Started: _____ Annual Gross Income: _____

4. Household Member's Name: _____ Employer: Employer's Name & Address: _____ Telephone #: _____

Date Started: _____ Annual Gross Income: _____

5. Household Member's Name: _____ Employer: Employer's Name & Address: _____ Telephone #: _____

Date Started: _____ Annual Gross Income: _____

Income of ALL Household Members:

Time Period: From _____ Through _____

(Last 12 months) Date: _____ Date: _____

Gross Household Income reported on last year's federal tax returns: \$ _____

BRING IN CURRENT INCOME VERIFICATION

(Two **consecutive current** pay stubs of all working household members 18 yrs of age and older, income verification from child support, Social Security, Retirement income, last year's income tax return (signed), last year's W-2's, or proof of any alimony/support etc.)

If in school, where attending: _____

Do not write in this table. Calculation of anticipated household income will be calculated by the Case Processor.

Household Member Name Income	A. Wages/ Salaries	B. Benefits/ Pensions	C. Public Assistance	D. Interest, Stocks, etc.	E. Other
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
Totals	a.	b.	c.	d.	e.

Enter total of items a. through c.

This is Anticipated Annual Income for Eligibility Determination \$ _____

13. Please provide the following information for your current housing situation:

AVERAGE MONTHLY HOUSING EXPENSE. Bring in copies of bills, receipts, etc. as all housing expenses must be verified and copies made for the financial record.

	(Annual Expense)	(Average Monthly Expense)
RENTS	_____	_____
RENTER INSURANCE (if appl.)	_____	_____
UTILITIES	_____	_____
TOTAL/AVERAGE MONTHLY EXPENSE \$	_____	_____

(To figure average monthly expense for above items which are not payable monthly, calculate annual expense and divide by 12)

AFFORDABILITY PERIOD:

CDBG Investment Partnership regulations require that any home purchase assisted with CDBG/HOME CHIP funds must be subject to an affordability period. For this activity the affordability period is set at ten (10) based on CDBG/HOME CHIP guidelines. The affordability period begins when the CDBG/HOME funds are expended (at closing). Sale of the home prior to the end of the affordability period will cause a prorated recapture of the assistance.

COMPLIANCE WITH CDBG/HOME CHIP PROJECT REQUIREMENTS:

My signature on this application acknowledges my intent to comply with all CDBG CHIP project requirements and Clermont County CHIP program policies and guidelines as described in this application and the Terms and Conditions Statement.

FINANCIAL PRIVACY NOTICE:

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the US Department of Housing and Urban Development has a right of access to financial records held by Clermont County in connection with the consideration or administration of Assistance for which you have applied. Financial records involving your transactions will be available to the Ohio Department of Development without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

I certify that I am _____/ am not _____ (check one) an employee or a family member (grandparent, parent, spouse, children – whether dependent or not, grandchildren, brother, sister, or any person related by blood or marriage and residing in the same household) of an employee of an elected official of Clermont County.

CERTIFICATION BY APPLICANT *(To be signed at the CHIP Office):*

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF THIS OR HAVE ANY QUESTION ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE CLERMONT COUNTY CHIP OFFICE TO HELP YOU. **BOTH APPLICANT AND CO-APPLICANT MUST SIGN IN INK BELOW.**

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she is the purchaser of the property and that any and all funds provided to the Applicant(s) will be used only for the purchaser of the identified property.

I authorize the County, its representatives, designees of the Office of Housing and Community Partnerships (OHCP) and designees of the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in this application is necessary for evaluation of my application for Home Buyer assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of Home Buyer assistance will be subject to public disclosure since public funds are being utilized to purchase the property.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 181, Sec 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States

knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

I understand that this is not an offer and that the terms and conditions of the programs may be changed at any time by HUD or by the Clermont County Board of Commissioners. I further understand that notices by the Clermont County CHIP Office and the Clermont County Board of Commissioners may be made in such manner as may be determined, including solely by advertisements.

I understand that the submittal of this application does not guarantee that I will receive assistance through the Clermont County CHIP Down Payment Assistance/First Time Homebuyers Program.

WITNESS

HOMEOWNER-OCCUPANT

Signature

Signature

Date

Date

Signature

Date

NOTE: APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS ALONG WITH SUBMITTAL OF THIS APPLICATION. If you fail to submit any of these items listed below it will result in your application being put on HOLD until all needed information is received at the CHIP office.

CURRENT HOUSING EXPENSES REQUIRED FOR PRIORITY RATING

1. Housing payments, loan notes or canceled checks indicating payment of it.
 2. Home (Renter) insurance policy and receipts of payment or canceled checks.
- utility bill receipts or canceled checks.

**CLERMONT COUNTY CHIP
VERIFICATION OF LIQUID ASSETS**

Asset information must be provided for each household member that will live in the house. List all assets held by each household member, over the age of 18, residing in your household. Complete one form for each household member with assets or members with joint assets.

(Liquid Assets-any assets which can be easily converted to cash or a cash equivalent. For example, a car is not a liquid asset. A Certificate of Deposit is considered a liquid asset.)

Name: _____: Address: _____

Savings Accounts and Certificates of Deposits (CD's)

Name of Bank: _____ Account Number: _____
Branch: _____ Name of Account: _____
Address: _____ Average Monthly Balance: _____

Checking Accounts and Money Market Accounts

Name of Bank: _____ Account Number: _____
Branch: _____ Name of Account: _____
Address: _____ Average Monthly Balance: _____

Stocks, Bonds, Mutual Fund Accounts, and Other Securities

Type: _____
Value (in dollars): _____
Name of Institutions: _____
Address: _____
Account Number: _____
Annual Dividends: _____

All Other Liquid Assets/Other Bank Accounts

Type: _____ Type: _____
Value: _____ Value: _____
Dividends/Income: _____ Dividends/Income: _____

I understand that providing false information may disqualify me for consideration or represent a criminal offense in the HOME/CDBG CHIP Program. If any of the information provided in this application changes prior to a signed contract, it is my responsibility to notify the Clermont County CHIP Office so that an updated determination can be made on my status.

Applicant's Signature

Date

Applicant's Signature

Date